

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | S:B | 895 | 09-27-01 |
| RESPONSE FORMALITY REVIEW | MAH | 830 | 02-11-02 |
| | TR | 1112 | 5/30/02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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Best Available Copy

If more than 150 claims or 10 actions
 staple additional sheet her

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09/27/01
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